



**State of Hawaii
Department of Health Alcohol
and Drug Abuse Division
Prevention Branch
Ewa, Oahu**

**Strategic Prevention Framework (SPF) – Partnerships for Success (PFS) Project
Coordinator**

\$4,447 monthly, commensurate w/ training and experience

Provide project coordination for the Strategic Prevention Framework (SPF) – Partnerships for Success (PFS) Project and function as the statewide coordinator for the PFS project and SPF efforts, actively overseeing the planning, coordination, implementation, and evaluation of the process that the state and community stakeholders undertake in partnership to support the State's substance abuse prevention plan and to address underage drinking and its effects. The Project Coordinator is charged with overseeing day-to-day progress of the implementation and evaluation of grant related programs and activities and ensuring that all performance and reporting requirements are met satisfactorily.

Minimum Qualification Requirements

EDUCATION: Graduation from an accredited four (4) year college or university with a bachelor's degree and major work in one of the behavioral sciences, social sciences, public health, or related field.

EXPERIENCE: One and one-half (1 ½) years of progressively responsible general experience in social work, public health, community development, or other related fields which required knowledge of current social and economic conditions, community organizations, and the services and/or programs they offer to the community relative to alcohol and drugs and the prevention of substance abuse.

One and one-half (1 ½) years of specialized progressively responsible experience which demonstrates the ability to coordinate a collective group of agencies or groups, collaborate and conduct studies and/or analyses of programs or projects through active participation in the planning, coordination, development, and/or evaluation of programs and/or programs' activities relative to alcohol and drugs, and/or the prevention of substance abuse. Work involved in supervising others.

SUBSTITUTION OF EDUCATION FOR EXPERIENCE: a. Possession of a master's degree or successful completion of thirty (30) graduate semester credits or its equivalent in sociology, social work, psychology, public health, or other related field from an accredited university may be substituted for one (1) year of Specialized Experience. b. Successful completion of all requirements for a Ph.D., in the above described fields from an accredited university may be substituted for two (2) years of Specialized Experience requirement.

Who May Apply

LEGAL AUTHORIZATION TO WORK REQUIREMENT: The State of Hawaii requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

How to Apply

Submit your application and resume or curriculum vitae to:

Department of Health
Alcohol and Drug Abuse Division
601 Kamokila Blvd., Room 360
Kapolei, Hawaii 96707
Attn: Naomi Yamamoto Recruitment is

continuous until needs are met. **Other**

Information

For additional information, you may call Dixie Thompson 808-692-7510
or e-mail dixie.thompson@doh.hawaii.gov.

STATE OF HAWAI‘I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF HEALTH

Human Resources Office – Recruitment & Examination
 1250 Punchbowl Street, Room 122,
 Honolulu, Hawaii 96813



**FOR OFFICIAL USE ONLY
 DEPARTMENTAL PERSONNEL STAFF
 TO SELECT CATEGORY.**

- Exempt TAOL
 89 Day _____

RECEIVED DATE/TIME STAMP

GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in blue or black ink.

The information you provide will be used to determine whether you qualify for the job(s), for which you are applying.

- Your entire application and attachments (if any) must be received only at the Personnel Office above.
- This application form is to be used for non-civil service appointments.
- Before applying, read the position requirements described in the **Announcement** carefully to determine if you qualify for the position.
- Any additional required forms described in the **Announcement** can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, addresses, telephone numbers or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai‘i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____
 POSITION TITLE APPLYING FOR

2. _____
 RECRUITMENT NUMBER or POSITION NUMBER

3. NAME:

 Last First Middle

OTHER NAMES USED OR FORMER

4. LAST NAME: _____

MAILING

5. ADDRESS: _____
 P.O. Box or Number and Street

 City State Zip Code

E-MAIL

6. ADDRESS: _____

PHONE

7. NUMBER: _____
 Home Other

8. CITIZENSHIP STATUS.
 The State of Hawai‘i requires that all persons seeking employment with the government of the State shall be citizens, nationals, or permanent resident aliens of the United States, or eligible under federal law for unrestricted employment in the United States.

I acknowledge I have read and understood the above information.

9. NOTICE OF “AT WILL” EMPLOYMENT
 The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be “At Will,” which means that you may be discharged from your employment at the prerogative of the department head or designee at any time.

CERTIFICATE OF APPLICANT
 I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment, if offered, is only on an “At Will” basis. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai‘i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

 Date

 Original Signature of Applicant

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 10 through 19 is needed to make determinations on your suitability for employment. Dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

10. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment?..... YES..... NO

B) Separated from military service under conditions other than honorable? YES..... NO

(If you answer "Yes" to question 10A or 10B, please explain in detail in item #11 below, the dates and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

11. _____

12. WITHIN THE PAST THREE (3) YEARS, HAVE YOU BEEN CONVICTED OF ANY OFFENSE RELATED TO CONTROLLED SUBSTANCES? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #13 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

13. _____

14. HAVE YOU EVER BEEN CONVICTED OF ANY ACT, ATTEMPT OR CONSPIRACY TO OVERTHROW THE STATE OR FEDERAL GOVERNMENT BY FORCE OR VIOLENCE? YES..... NO

(If you answer "Yes" to the above question, please explain in detail in item #15 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

15. _____

16. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? YES..... NO

(If you answer "Yes," please explain in detail in item #17 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

17. _____

18. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program or are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawai'i? YES..... NO

(If you answer "Yes," to question 18, please explain in detail in item #19 below, the reason and date of your settlement or restriction from applying with the State of Hawai'i.)

19. _____

**STATE OF HAWAI'I DEPARTMENT OF HEALTH
EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT**

FOR OFFICIAL USE ONLY

DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY

Exempt TAOL
 89 Day _____

1. POSITION TITLE APPLYING FOR: _____
2. RECRUITMENT NUMBER or POSITION NUMBER: _____

As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle
4. OTHER NAMES USED OR FORMER LAST NAME: _____
5. E-MAIL ADDRESS: _____
6. MAILING ADDRESS: _____
P.O. Box or Number and Street
City State Zip Code
7. PHONE NO.: _____
Home Other

8. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

**DO NOT
WRITE
IN THIS
SPACE**

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school)
(School name/type) _____ (City/State/Country) _____
Did you graduate? Yes No If no, what grade level did you complete? _____
Did you receive a GED? Yes No

B. TRAINING: In-service training, business, trade, armed forces, college or university, graduate of professional schools.

| NAME & ADDRESS | Course or Major Field of Study | Number of Credits or Hours Completed | | Kind of Degree, Diploma or Certificate Received |
|----------------|--------------------------------|--------------------------------------|---------|---|
| | | Semester | Quarter | |
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9. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS

A. DRIVER'S LICENSE: Yes, I have a valid driver's license or I am able to obtain a valid driver's license by the time of appointment.
 No, I do not have a driver's license and/or I am not interested in being considered for positions which require a driver's license.

B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

| LANGUAGE | SPEAK | READ | WRITE |
|----------|-------|------|-------|
| | | | |
| | | | |
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| | | | |

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

10. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified.

Do not submit a resume in place of completing this page.

| | | |
|--|--|--|
| Your Present or Last Position | Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ | From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ |
| | Do you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ | From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ |
| | Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ | From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ | |
| Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer _____ Address _____ _____ Supervisor's Name and Title _____ Company Phone Number _____ Company URL Internet Address _____ Your Position Title and Duties _____ _____ _____ _____ | From: _____ Month Year To: _____ Month Year <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____ _____ _____ | |
| Did you supervise? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how many employees?</i> _____ | May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | |